

Use this form for funds to be deducted through payroll deduction.

BEST Program Employee Payroll Deduction Form

New
Change

Employee Name _____
(Last) (First) (Middle)

Social Security Number _____ Work Phone _____

Employer Name and Address _____

I hereby authorize the payroll deduction of _____ per payroll period or as otherwise determined by employer until further notice and deposit those funds in the Baccalaureate Education System Trust according to the following schedule:

Beneficiary _____	Contract # _____	_____ %	
Beneficiary _____	Contract # _____	_____ %	
Beneficiary _____	Contract # _____	_____ %	
Beneficiary _____	Contract # _____	_____ %	Total 100%

Signature of Employee _____ Date _____

RETURN COMPLETED FORM TO THE BACCALAUREATE EDUCATION SYSTEM TRUST

BEST Authorization _____ Date _____

Employer Authorization _____ Date _____

TR-0365

RDA-2516

See other side for instructions.

Payroll Deduction Checklist

- ☒ Have you signed the authorization form?
- ☒ Have you provided the Beneficiary's name, contract number and the percentage of deduction to apply to each contract? (If this is a new contract, leave the contract number blank.)
- ☒ Does the percentage total equal 100%?

Please return the completed form to:

Baccalaureate Education System Trust

P.O. Box 198786

Nashville, TN 37219-8786

For additional information, call **1-888-486-BEST**

In Nashville, call 532-8056



Administered by the State of Tennessee Treasury Department